

## ACT Quarterly Report Form

(Revised June 2014)

**Quarter:** Jan-Mar ☐ Apr-Jun ☐ Jul-Sep ☐ Oct-Dec ☐ **Year:** **Reported by:**

**Agency:** **Team:** **Discharge Date:**

**Client Name:** **Client ID:** **Intake Date:**

**Client DOB:** **Client Age:** **Client Gender:**

**In the past 3 months, how many days and times has the client:**

	# days	# times
Been homeless?		
Been incarcerated/detained?		
Been hospitalized for psychiatric reasons?		
Been in residential/inpatient treatment for substance abuse reasons?		
Visited an ER for psychiatric reasons?		
Visited an ER for physical reasons?		
Hospitalized for medical reasons?		
Utilized a primary care doctor?		

**In the past 3 months, how many days was the client competitively employed?** days  
(0 is used when the client is not competitively employed)

**Was the client competitively employed on the last day of the reporting period?** Yes ☐ No ☐

**What is the client's stage of substance use treatment on the last day of the quarter (check one)?**

N/A	Pre-Engagement	Engagement	Early Persuasion	Late Persuasion	Early Active Treatment	Late Active Treatment	Relapse Prevention	In Remission or Recovery
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**What is the client's current living arrangement on the last day of the quarter (check one)?**

<p><b>0.</b> N/A <input type="checkbox"/></p> <p><b>1.</b> Psychiatric Hospital <input type="checkbox"/></p> <p><b>2.</b> Substance Abuse Residential/Inpatient Treatment <input type="checkbox"/></p> <p><b>3.</b> General Hospital Psychiatric Ward <input type="checkbox"/></p> <p><b>4.</b> Nursing Home <input type="checkbox"/></p> <p><b>5.</b> Adult RCF/Group Home <input type="checkbox"/></p>	<p><b>6.</b> Lives with Relatives/Friends <input type="checkbox"/></p> <p><b>7.</b> Semi Independent Apt. <input type="checkbox"/></p> <p><b>8.</b> Supervised Individual Living <input type="checkbox"/></p> <p><b>9.</b> Independent Living <input type="checkbox"/></p> <p><b>10.</b> Jail/Prison/Juvenile Detention <input type="checkbox"/></p>	<p><b>11.</b> Homeless <input type="checkbox"/></p> <p><b>12.</b> Other (specify): <input type="checkbox"/></p> <p><b>13.</b> Under 18 Living with Family <input type="checkbox"/></p> <p><b>14.</b> Foster Care/Treatment Family Home <input type="checkbox"/></p> <p><b>15.</b> Youth Residential <input type="checkbox"/></p>
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## ACT Quarterly Report Form (continued)

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What is the client's current educational status on the last day of the quarter (check one)?

0. Not Currently in Educational Activities <input type="checkbox"/>	4. College Full-Time - 12 credit hours or more <input type="checkbox"/>
1. Working on HS Diploma/GED/Adult Basic Education <input type="checkbox"/>	5. Adult Continuing Education Noncredit <input type="checkbox"/>
2. Vocational School or Training <input type="checkbox"/>	6. Other (specify): <input type="checkbox"/>
3. College Part-Time - 11 credit hours or less <input type="checkbox"/>	7. Homebound Education <input type="checkbox"/>

Client's highest level of education completed (check one):

1. No HS or GED <input type="checkbox"/>	5. Vocational Training Certificate <input type="checkbox"/>
2. HS Diploma or GED <input type="checkbox"/>	6. BA/BS <input type="checkbox"/>
3. Some College <input type="checkbox"/>	7. Masters/Ph.D. <input type="checkbox"/>
4. Associates Degree <input type="checkbox"/>	

Tobacco use (check one):

0. Never Used <input type="checkbox"/>
1. Quit More Than 3 Months Ago <input type="checkbox"/>
2. Quit Within Last 3 Months <input type="checkbox"/>
3. Currently Use <input type="checkbox"/>

Tobacco cessation (check one):

Receiving assistance to quit? Yes ☐ No ☐ N/A ☐

Legal status on last day of the quarter (check all that apply):

0. Guardianship <input type="checkbox"/>	5. Custody of Children's Division <input type="checkbox"/>
1. Conservatorship <input type="checkbox"/>	6. Adjudicated <input type="checkbox"/>
2. Payeeship <input type="checkbox"/>	7. Independent <input type="checkbox"/>
3. Custody of Biological Parents <input type="checkbox"/>	8. Conditional Release <input type="checkbox"/>
4. Adopted <input type="checkbox"/>	9. Other (specify): <input type="checkbox"/>